

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10575798

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2							
3							
4		3					
5							
6							
7							
8							
9							
10		1					
11			2				
12							
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47							
48							
49							
50							
TOTAL IND.			5				
TOTAL DEP.		2	2				
TOTAL CLAIMS		26					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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99							
100							
TOTAL IND.			1				
TOTAL DEP.			2				
TOTAL CLAIMS			2				